

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014293

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		c. CITY OR TOWN Normandy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5647 Bermuda		d. STREET ADDRESS 5647 Bermuda	
3. NAME OF DECEASED (Type or print) First GERALD Middle F. Last MASON		4. DATE OF DEATH Month March Day 5 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/13/1908
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Builder		10b. KIND OF BUSINESS OR INDUSTRY Ma son Const. Co.	
11a. FATHER'S NAME unknown		11b. MOTHER'S MAIDEN NAME Rose unknown	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) yes (If yes, give nature of service)		12b. SOCIAL SECURITY NO. W. 411	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary artery disease DUE TO (c) Coronary artery disease		13b. INTERVAL BETWEEN ONSET AND DEATH MIN yes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. W. Knapp DO		22b. ADDRESS 4991 Thrush ave	
22c. DATE SIGNED 3/6/63		22d. DATE RECD. BY LOCAL REG. 3-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/8/63	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR Lupton Chapel, Inc 7233 Delmar Blvd		25. DATE RECD. BY LOCAL REG. 3-6-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.		27. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

DR. KNAPP. 499, THURSDAY

EV 1-879-7

EV 5-5322-HOME

11:00 AM

HOSPITAL

Ca. 12351
HOMER 4000
EV 2

Should S. Mason
Ochle

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.